

TRANSFER TUITION STATEMENT

School Year 20____ - 20____

TO: _____ School Corporation _____ County
(Transferor Corporation)FROM: _____ School Corporation _____ County
(Transferee Corporation)

Number of Days School was in Session for Pupil Attendance _____

	ADM	%
Kindergarten	_____	_____
Elementary	_____	_____
Middle/Jr. High	_____	_____
Senior High School	_____	_____

	ADM	%
Special Program #1	_____	_____
Special Program #2	_____	_____
Special Program #3	_____	_____
Special Program #4	_____	_____

**GENERAL FUND OPERATING COSTS ACCORDING TO
CLASSIFIED BUDGET ACCOUNTS**

Class of School

1. INSTRUCTION - REGULAR AND SPECIAL PROGRAMS Accounts 11000 and/or 12000, and 16100 and/or 16200 - General Fund Only	\$	
2. SUPPORT SERVICES - ADMINISTRATION Accounts 21800, 23120, 23160, 23190, 23200, and 24000 - General Fund Only		
3. SUPPORT SERVICES - ATTENDANCE, HEALTH, AND GUIDANCE Accounts 21100 through 21700 - General Fund Only		
4. SUPPORT SERVICES - OPERATION AND MAINTENANCE Accounts 26000 - General Fund Only		
5. SUPPORT SERVICES - CENTRAL Accounts 25000 (Excluding 25191-25196 and 25910-25950) - General Fund Only		
6. SUPPORT SERVICES - OTHER Accounts 22000, 31000 - General Fund Only		
7. INSTRUCTION - PAYMENTS TO OTHER GOVERNMENTAL UNITS WITHIN STATE Accounts 17000 (excluding 17800) above paid from General Fund through other agencies for appropriate class of school		
8. TOTAL OPERATING COSTS Lines 1 through 7 - General Fund Only	\$	

TRANSPORTATION

NOTE: Transportation expenses can be included in the Transfer Tuition Statement ONLY in instances where the transferred students are furnished transportation by the school corporation to which they are transferred and there is a written transportation agreement between the transferor and transferee corporations.

Costs of Transportation Fund - Accounts 27000 (except 27400)

\$

Total Number of Pupils Transported

Cost per Pupil Transported

\$

AMOUNT DUE FOR TRANSPORTATION

Cost per pupil (above) divided by number of days school was in session equals cost per pupil per day:

\$ _____ / _____ = \$ _____

Cost per pupil per day multiplied by total days transported equals cost of transporting pupils named in this statement:

\$ _____ X _____ =

\$

STATEMENT OF ENROLLMENT, TRANSPORTATION AND ATTENDANCE

[illegible]

*SPECIAL EDUCATION CATEGORIES

A. Severe Disabilities B. Mild and Moderate Disabilities C. Communication Disorders (duplicated count) D. Homebound Programs
(NOTE: Types A and B are unduplicated counts)

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TRANSFER TUITION CALCULATION

Class of School _____

- A. Total pupil days enrolled divided by the number of days school was in session for pupil attendance equals full time pupil equivalent.

_____ / _____ = _____

- B. Total Operating Costs (from line 8, page 1) divided by Pupil Enrollment equals Per Capita Cost.

\$ _____ / _____ = \$ _____

- C. Per Capita Cost (Section B) times full time pupil equivalent (Section A) equals Gross Amount due for Operating.

\$ _____ X _____ = \$ _____ \$ _____

- D. LESS the following state or local distributions that are computed in any part using ADM or other pupil count in which the student(s) is included: (Refer to the instructions in the Accounting and Uniform Compliance Guidelines Manual for Indiana Public School Corporations)

Prime time grant under IC 20-43-9 (Grades K-3)	\$ _____
State Tuition Support for basic programs	_____
Academic Honors Diploma Award under IC 20-43-10-2	_____
Vocational Education Grant under IC 20-43-8	_____
Special Education Grant under IC 20-43-7	_____
Restoration Grants (IC 20-43-12)	_____
Small Schools (IC 20-43-12.2)	_____

- E. Net Amount Due for Operating (Section C Minus Section D)

\$ _____

Net Amount Due for Transfer Tuition - Operating (E)	\$ _____
Net Amount Due for Transfer Tuition - Special Equipment (G page 4)	\$ _____
Net Amount Due for Transportation (from Bottom page 1)	\$ _____
TOTAL net amount due for Transfer Tuition and Transportation	\$ _____

Less Quarterly Payments:

	Date	Estimated Amount
First Quarter	_____	\$ _____
Second Quarter	_____	_____
Third Quarter	_____	_____
Total Quarterly Payments		\$ _____
Balance Due		\$ _____

SPECIAL EQUIPMENT COSTS

I, _____, Treasurer of _____ School Corporation, _____ County, Indiana, hereby certify that the cost of this corporation's special equipment is as follows:

A Description	B Original Cost	C Year Pur.	D Est. Life	E Annual Allocated Cost	F Number of Students	G Special Equip. Cost for Student Named on Pg 2
	\$			\$		\$
Total Special Equipment Costs						\$

CERTIFICATION

I further certify that the within named students were lawfully transferred to the above named corporation; that the transfers were issued by the proper legal officers of:

_____ (transferring corporation) _____ County, Indiana; or, in the instance of a cash transfer; authorized by _____, residing at _____ address, as the parent or other person responsible for such transfer tuition; or in the instance of lawfully placed students under IC 20-26-11 that the transfers were issued by the proper legal officer of _____ County.

Also that the foregoing statement of transfers, attendance, cost of education, cost of transportation, amount due for tuition, amount due for transportation of children who by law were furnished transportation by this school corporation is true and correct, as I verily believe.

Date: _____, 20____ (Signed) _____
Treasurer